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Committee Name:

Mid American Rail Road Initiative Political Action Committee

If registered, FEC ID:

Today's Date:

28 November 2016

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

Paul Gutowski

Treasurer

SINCE MARRI IS NEW, PLEASE SEND MAIL

"ATTN. PAUL GUTOWSKI"

Thank you.

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

MID AMERICAN RAIL ROAD INITIATIVE
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2929 NORTH MAIN STREET SUITE 1
(Check if address is changed) ATTENTION PAUL GUTOWSKI
ROCKFORD CITY IL 61103- STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) forestcity9@yahoo.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed)

2. DATE 11/29/2016

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer PAUL A. GUTOWSKI

Signature of Treasurer [Signature] Date 11/29/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input checked="" type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for name entry.

Mailing Address

Empty grid lines for mailing address.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

PAUL A. GUTOWSKI

Mailing Address

2929 NORTH MAIN STREET SUITE ONE

Empty grid lines for address continuation.

ROCKFORD IL 61103

Title or Position

CITY

STATE

ZIP CODE

DIRECTOR

Telephone number 815-978-0979

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

PAUL A. GUTOWSKI

Mailing Address

2929 NORTH MAIN STREET SUITE ONE

Empty grid lines for address continuation.

ROCKFORD IL 61103

Title or Position

CITY

STATE

ZIP CODE

Telephone number 815-978-0979

Full Name of Designated Agent PAUL A GUTOWSKI

Mailing Address 2929 NORTH MAIN ST #1
ROCKFORD IL 61103
CITY STATE ZIP CODE

Title or Position DESIGNATED AGENT Telephone number 815-978-0979

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. ROCKFORD BANK AND TRUST
Mailing Address 4571 GUILFORD ROAD
ROCKFORD IL 61107
CITY STATE ZIP CODE

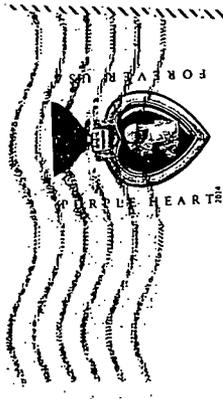
Name of Bank, Depository, etc.
Mailing Address
CITY STATE ZIP CODE

20090214 11:00 AM IN: 00-NM-0

UNITED STATES POSTAL SERVICE

PAUL GUTRUSO MARRI
2929 N. MAIN ST. #1
ROCKFORD IL 61103

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FEDERAL ELECTION Commission
999 E STREET NW
WASHINGTON DC 20463

20463-
[Barcode]

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <u>11/28/16</u> Date of Receipt <u>12/5/16</u>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)



12/5/16
DATE PREPARED

NON-FUNCTIONAL DOCUMENT